

STATE OF ILLINOIS

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Facility Name & ID Number Alden Park Strathmoor# 0044909 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>189</u>	Skilled (SNF)	<u>189</u>	<u>68,985</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>189</u>	TOTALS	<u>189</u>	<u>68,985</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>13,672</u>	<u>1,663</u>	<u>2,360</u>	<u>17,695</u>	8
9	SNF/PED					9
10	ICF	<u>24,349</u>	<u>614</u>	<u>32</u>	<u>24,995</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>38,021</u>	<u>2,277</u>	<u>2,392</u>	<u>42,690</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 61.88%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census? _____

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 8/1/00

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 8/1/00 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 71 and days of care provided 2,284Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	263,045	19,804	6,600	289,449	502	289,951		289,951			1
2	Food Purchase		300,561		300,561	(19,442)	281,119	(14,948)	266,171			2
3	Housekeeping	207,418	32,524		239,942	89	240,031		240,031			3
4	Laundry	71,362	31,011		102,373	90	102,463		102,463			4
5	Heat and Other Utilities			141,958	141,958		141,958	4,818	146,776			5
6	Maintenance	55,891	687	71,669	128,247	89	128,336	10,903	139,239			6
7	Other (specify):*											7
8	TOTAL General Services	597,716	384,587	220,227	1,202,530	(18,672)	1,183,858	773	1,184,631			8
	B. Health Care and Programs											
9	Medical Director			35,500	35,500		35,500		35,500			9
10	Nursing and Medical Records	1,982,674	189,902	4,536	2,177,112	3,081	2,180,193	(105,256)	2,074,937			10
10a	Therapy	143,247			143,247		143,247		143,247			10a
11	Activities	55,578	3,812	3,512	62,902	136	63,038		63,038			11
12	Social Services	32,094			32,094		32,094		32,094			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,213,593	193,714	43,548	2,450,855	3,217	2,454,072	(105,256)	2,348,816			16
	C. General Administration											
17	Administrative	133,873			133,873		133,873		133,873			17
18	Directors Fees											18
19	Professional Services			404,539	404,539		404,539	(374,950)	29,589			19
20	Dues, Fees, Subscriptions & Promotions			33,301	33,301		33,301	(24,158)	9,143			20
21	Clerical & General Office Expenses	336,304	15,724	49,336	401,364	196	401,560	34,013	435,573			21
22	Employee Benefits & Payroll Taxes			478,211	478,211	15,259	493,470	41,483	534,953			22
23	Inservice Training & Education											23
24	Travel and Seminar			21,620	21,620		21,620	8,889	30,509			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			128,039	128,039		128,039	6,258	134,297			26
27	Other (specify):*			176,931	176,931		176,931	(176,931)				27
28	TOTAL General Administration	470,177	15,724	1,291,977	1,777,878	15,455	1,793,333	(485,396)	1,307,937			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,281,486	594,025	1,555,752	5,431,263		5,431,263	(589,879)	4,841,384			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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Facility Name & ID Number

Alden Park Strathmoor

#0044909

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			18,475	18,475		18,475	238,011	256,486			30
31	Amortization of Pre-Op. & Org.							1,286	1,286			31
32	Interest			116,241	116,241		116,241	104,898	221,139			32
33	Real Estate Taxes							104,606	104,606			33
34	Rent-Facility & Grounds			269,995	269,995		269,995	(261,123)	8,872			34
35	Rent-Equipment & Vehicles			12,115	12,115		12,115	16,385	28,500			35
36	Other (specify):*											36
37	TOTAL Ownership			416,826	416,826		416,826	204,063	620,889			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	200,411	232,453	411,348	844,212		844,212	(37,114)	807,098			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	200,411	232,453	514,826	947,690		947,690	(37,114)	910,576			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,481,897	826,478	2,487,404	6,795,779		6,795,779	(422,930)	6,372,849			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(40)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,175)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,482)	21		17
18	Fines and Penalties	(70,133)	32		18
19	Entertainment	(245)	20		19
20	Contributions	(756)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,032)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(176,931)	27		24
25	Fund Raising, Advertising and Promotional	(20,483)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (283,277)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(78,988)	Various	34
35	Other- Attach Schedule	(60,665)	pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (139,653)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (422,930)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Maketing Manger	\$ (9,738)	21	1
2	Late fee on utilities	2,170	5	2
3				3
4	Other Nursing Home	(20)	21	4
5	Intercompany Interest	(7,021)	32	5
6	Interest on resident accts	(1,353)	32	6
7	Back out 30.13% of IHAC dues	(3,075)	20	7
8	Park S. LLC - Interco. Int to AMS	(16,688)	32	8
9	Park S. LLC - Interco. Int to Rockford Inv.	(8,000)	32	9
10	RC f21 t6 - misc vend sett.	(2,254)	10	10
11	RC f21 t6 - misc vend sett.	2,254	21	11
12	Backout prior yr vend. Settlement costs (maint.)	2,254	10	12
13	Backout prior yr vend. Settlement costs (bed tax)	(20,059)	21	13
14	Adj deprec exp to correct amount	2,365	30	14
15	RC frm dep to def main exp (f7101 t7103)	2,514	6	15
16	RC frm dep to def main exp (f7101 t7103)	(2,514)	30	16
17	Marketing Employ.Benefits Deduction	(1,500)	22	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(60,665)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,175)	0	0	(11,773)	0	0	0	0	0	0	0	(14,948)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	2,170	0	2,648	0	0	0	0	0	0	0	0	4,818	5
6	Maintenance	2,514	0	8,600	0	0	0	(37)	(174)	0	0	0	10,903	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	1,509	0	11,248	(11,773)	0	0	(37)	(174)	0	0	0	773	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(104,635)	(621)	0	0	0	0	0	0	(105,256)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	(104,635)	(621)	0	0	0	0	0	0	(105,256)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,032)	0	(367,918)	0	0	0	0	0	0	0	0	(374,950)	19
20	Fees, Subscriptions & Promotions	(24,559)	0	401	0	0	0	0	0	0	0	0	(24,158)	20
21	Clerical & General Office Expenses	(32,045)	10,905	23,610	28,173	3,370	0	0	0	0	0	0	34,013	21
22	Employee Benefits & Payroll Taxes	(1,500)	0	42,215	0	768	0	0	0	0	0	0	41,483	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	8,889	0	0	0	0	0	0	0	0	8,889	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	6,052	206	0	0	0	0	0	0	0	0	6,258	26
27	Other (specify):*	(176,931)	0	0	0	0	0	0	0	0	0	0	(176,931)	27
28	TOTAL General Administration	(242,067)	16,957	(292,597)	28,173	4,138	0	0	0	0	0	0	(485,396)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(240,558)	16,957	(281,349)	(88,235)	3,517	0	(37)	(174)	0	0	0	(589,879)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	(149)	225,755	10,584	0	1,821	0	0	0	0	0	0	238,011 30
31	Amortization of Pre-Op. & Org.	0	0	1,195	0	0	91	0	0	0	0	0	1,286 31
32	Interest	(103,235)	172,356	35,330	0	309	138	0	0	0	0	0	104,898 32
33	Real Estate Taxes	0	99,511	4,966	0	129	0	0	0	0	0	0	104,606 33
34	Rent-Facility & Grounds	0	(276,047)	14,924	0	0	0	0	0	0	0	0	(261,123) 34
35	Rent-Equipment & Vehicles	0	0	16,385	0	0	0	0	0	0	0	0	16,385 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(103,384)	221,575	83,384	0	2,259	229	0	0	0	0	0	204,063 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(10,389)	(14,044)	(12,681)	0	0	0	0	0	(37,114) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	0	0	0	(10,389)	(14,044)	(12,681)	0	0	0	0	0	(37,114) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(343,942)	238,532	(197,965)	(98,624)	(8,268)	(12,452)	(37)	(174)	0	0	0	(422,930) 45

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See pg. 6L						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 rental income	\$ 276,047	Park Strathmoor, LLC		\$	(276,047)	1
2	V	21 gen'l & admin		Park Strathmoor, LLC		10,905	10,905	2
3	V	33 real estate taxes		Park Strathmoor, LLC		99,511	99,511	3
4	V	26 gen'l insurance		Park Strathmoor, LLC		6,052	6,052	4
5	V	32 interest-mortgage		Park Strathmoor, LLC		147,668	147,668	5
6	V	32 interest-other		Park Strathmoor, LLC		24,688	24,688	6
7	V	30 depreciation		Park Strathmoor, LLC		225,755	225,755	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 276,047			\$ 514,579	\$ * 238,532	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 employee benefits	\$	Alden Management Services		\$ 42,215	\$ 42,215
16	V	19 profess. Fees	379,672	Alden Management Services		11,754	(367,918)
17	V	21 g & a		Alden Management Services		23,610	23,610
18	V	5 utilities		Alden Management Services		2,648	2,648
19	V	6 maintenance		Alden Management Services		8,600	8,600
20	V	24 auto/travel		Alden Management Services		8,889	8,889
21	V	26 Insurance		Alden Management Services		206	206
22	V	20 subscriptions/etc		Alden Management Services		401	401
23	V	30 depreciation		Alden Management Services		10,584	10,584
24	V	31 amortization		Alden Management Services		1,195	1,195
25	V	33 real estate tax		Alden Management Services		4,966	4,966
26	V	34 rent		Alden Management Services		14,924	14,924
27	V	35 rent-equip/vehicles		Alden Management Services		16,385	16,385
28	V	32 interest				35,330	35,330
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 379,672			\$ 181,707	\$ * (197,965)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 tube-feeding	\$ 73,308	Pyramid Health Care	100.00%	\$ 61,535	\$ (11,773)
16	V	10 nursing supplies	123,354	Pyramid Health Care		18,719	(104,635)
17	V	39 per diems/other supplies	22,584	Pyramid Health Care		12,195	(10,389)
18	V	21 gen'l& admin		Pyramid Health Care		28,173	28,173
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 219,246			\$ 120,622	\$ * (98,624)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 drugs	\$ 53,610	Forum Extended Care II	100.00%	\$ 45,290	\$ (8,320)
16	V	10 house stock	3,997	Forum Extended Care II		3,376	(621)
17	V	39 I.V.	36,882	Forum Extended Care II		31,158	(5,724)
18	V	22 employee benefits		Forum Extended Care II		768	768
19	V	21 gen'l & admin		Forum Extended Care II		3,370	3,370
20	V	32 interest		Forum Extended Care II		309	309
21	V	33 real estate tax		Forum Extended Care II		129	129
22	V	30 depreciation		Forum Extended Care II		1,821	1,821
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 94,489			\$ 86,221	\$ * (8,268)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 therapy	\$ 402,609	Community Physical Therapy	100.00%	\$ 389,928	\$ (12,681)
16	V	32 interest		Community Physical Therapy		138	138
17	V	31 amortization		Community Physical Therapy		91	91
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 402,609			\$ 390,157	\$ * (12,452)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 repairs and maintenance	\$ 11,483	Alden Bennett Construction		\$ 11,446	\$ (37)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 11,483			\$ 11,446	\$ * (37)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 CARPET CLEANING	\$ 100	ALDEN REALTY - CARPET CARE		\$ 93	\$ (7) 15
16	V	6 FLOOR CLEANING	2,940	ALDEN REALTY - FLOOR CARE		2,773	(167) 16
17	V						17
18	V						18
19	V						19
20	V						20
21	V						21
22	V						22
23	V						23
24	V						24
25	V						25
26	V						26
27	V						27
28	V						28
29	V						29
30	V						30
31	V						31
32	V						32
33	V						33
34	V						34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 3,040			\$ 2,866	\$ * (174) 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

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Facility Name & ID Number ALDEN NURSING CENTER - PARK STRATMOOR # 42010

Report Period Beginning 01/01/03

Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Waterford	Aurora
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governor's Park of Barrington	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number ALDEN NURSING CENTER - PARK STRATHMOOR # 32730

Report Period Beginning 01/01/03

Ending: 12/31/03

Nursing Home Owners	
Name	% Ownership
Note: ANC = Alden Nursing Center	
Alden Rockford Investments, LLC	100%

STATE OF ILLINOIS

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Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	CEO		346,552	1.588	3.97	Salary	\$ 13,766	17-1	1
2	Ami Pissetsky	Financing coordinator	Banking	1.50	196,369	1.588	3.97	Salary	7,800	17-1	2
3	Bob Molitor	C.O.O.	Operations	1.50	218,188	1.588	3.97	Salary	8,667	17-1	3
4	Lauren Magnusson b.	Nurse coordinator	Nursing admin		87,065	1.588	3.97	Salary	3,458	10-1	4
5	Terry Magnusson c.	Maint. Supervisor	Constr/maint		84,194	1.588	3.97	Salary	3,344	6-1	5
6	Steven Kroll	C.F.O.	Finance	1.50	222,983	1.588	3.97	Salary	8,857	17-1	6
7	Joan Carl	Secretary	Vice-President		218,135	1.588	3.97	Salary	8,665	17-1	7
8											8
9	a. Floyd is the President and sole stockholder of Alden Management Services, Inc.										9
10	b. Lauren is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator										10
11	c. Terry is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										11
12											12
13								TOTAL	\$ 54,557		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Servcies, Inc
 Street Address 4200 W. Peterson Ave.
 City / State / Zip Code Chicago, IL 606046
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	see pg 8A (also on pg 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	National City Bank		X	Mortgage	Interest Only	8/1/00	\$ 3,480,000	\$ 3,480,000	Varies		\$ 147,668	1							
2												2							
3												3							
4												4							
5	National City Bank		X	Line of Credit	Interest Only	8/1/00		796,330	Varies		39,087	5							
	Working Capital																		
6	Related Party - AMS	X		Working Capital							35,330	6							
7	Related Party - FECII	X		Working Capital							309	7							
8	Realted Party - CPT	X		Working Capital							138	8							
9	TOTAL Facility Related							\$ 3,480,000	\$ 4,276,330			\$ 222,532	9						
	B. Non-Facility Related*																		
10	Offset Int. exp w/ int inc.										(1,353)	10							
11	Interest Income on Corp										(40)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related							\$	\$			\$ (1,393)	14						
15	TOTALS (line 9+line14)							\$ 3,480,000	\$ 4,276,330			\$ 221,139	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number Alden Park Strathmoor

0044909 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	101,345	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	99,433	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(1,912)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	101,422	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	99,511	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	1998	8			
	1999	9			
	2000	92,548	10		
	2001	97,015	11		
	2002	99,433	12		
Accrual based on 2% increase over prior year bill.					
			13	FROM R. E. TAX STATEMENT FOR 2002 \$	13
			14	PLUS APPEAL COST FROM LINE 5 \$	14
			15	LESS REFUND FROM LINE 6 \$	15
			16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>12-21-452-007</u>	<u>Nursing home facility</u>	\$ <u>99,433.44</u>	\$ <u>99,433.44</u>
2. _____	<u>Related Party - Alden Management</u>	\$ <u>125,008.00</u>	\$ <u>4,966.00</u>
3. _____	<u>Related Party - Forum</u>	\$ <u>8,317.00</u>	\$ <u>129.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>232,758.44</u></u>	\$ <u><u>104,528.44</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:
 49,906

B. General Construction Type:
 Exterior
 Brick
 Frame
 Steel
 Number of Stories
 1

C. Does the Operating Entity?
 ☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?
 ☐ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 ☐ YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred:
 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:
 4. Dates Incurred:

Nature of Costs:
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home			\$ 569,205	1
2					2
3	TOTALS			\$ 569,205	3

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

XL OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	2 FOR OHF USE ONLY	3 Year Acquired	4 Year Constructed	5 Cost	6 Current Book Depreciation	7 Life in Years	8 Straight Line Depreciation	9 Adjustments	10 Accumulated Depreciation	11
4	Related party-Forum			1978	\$ 15,909	\$	22	\$	\$	15,909	4
5											5
6	189		2000		3,604,967	114,443		114,443		391,015	6
7											7
8											8
9	Improvement Type**										
10	Alden Design-laundry room remodeling		2000		3,922	392	10	392		784	10
11	Alden Design-laundry room remodeling		2000		2,098	210	10	210		420	11
12	Alden Design-laundry room remodeling		2000		4,533	453	10	453		907	12
13	ABC - misc const. Work		2000		1,561	312	5	312		625	13
14	Pro Com Systems - add new keypass to alarm system		2000		1,754	351	5	351		702	14
15	ABC - misc const. Work		2001		10,528	526	20	526		1,053	15
16	ABC - misc const. Work		2001		38,850	1,943	20	1,943		3,885	16
17	Rockford stem B		2001		5,035	336	15	336		895	17
18	FE Moran - Repair and Upgrade fire alarm system		2002		7,645	510	15	510		849	18
19	Patten - Repair Water System		2002		2,245	150	15	150		274	19
20	Capps - Repair water sys in Kitchen		2002		2,845	190	15	190		237	20
21	ABC - Repair Water heater		2002		7,113	474	15	474		830	21
22	ABC -		2002		4,256	284	15	284		307	22
23	ABC (misc construction work)		2002		4,233	423	10	423		459	23
24	ABC - Carpet		2002		1,078	108	10	108		189	24
25	ABC - Chimney		2002		758	38	20	38		47	25
26	ABC - Chimney 2		2002		3,032	152	20	152		189	26
27	GT Mech - Repair Cooler		2003		4,586	459	5	459		459	27
28	CSI Coker - Repair Freezer		2003		1,645	164	5	164		164	28
29	GT Mech - Repair AC		2003		1,648	82	10	82		82	29
30	GT Mech - Repair Refrigerator		2003		1,860	155	5	155		155	30
31	Simplex - Fire & Security System Repair		2003		1,986	44	15	44		44	31
32	Simplex - Fire & Security System Repair		2003		896	30	15	30		30	32
33	ABC - Repairs to Dining room		2003		5,177	86	10	86		86	33
34	ABC - Repair Boiler		2003		4,311	36	10	36		36	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,744,469	\$ 122,351		\$ 122,351		\$ 420,633	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 3,816,196	\$ 124,628		\$ 124,628		\$ 473,455	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 705,406	\$ 125,792	\$ 125,792	\$		\$ 464,682	71
72	Current Year Purchases	39,601	2,916	2,916			2,916	72
73	Fully Depreciated Assets	40,851	1,098	1,098			40,851	73
74								74
75	TOTALS	\$ 785,858	\$ 129,806	\$ 129,806	\$		\$ 508,449	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	dodge/other	98-'03	\$ 11,860	\$ 2,052	\$ 2,052	\$	3	\$ 11,658	76
77										77
78										78
79										79
80	TOTALS			\$ 11,860	\$ 2,052	\$ 2,052	\$		\$ 11,658	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,183,119	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 256,486	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 256,486	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 993,562	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ N/A	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>Related party, cost is eliminated</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 10,429 Description: copy machine lease \$9,919, postage meter \$509

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>non-patient transport</u>		\$ <u>140.50</u>	\$ <u>1,686</u>	17
18	<u>Related Party - AMS</u>		<u>1,365.42</u>	<u>16,385</u>	18
19					19
20					20
21	TOTAL		\$ <u>1,505.92</u>	\$ <u>18,071</u>	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2004 \$

13. /2005 \$

14. /2006 \$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary. <u>Skilled Nurses on site</u>	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility		2	3	4
		Drop-outs	Completed	Contract	Total	
1	Community College Tuition	\$	\$	\$	\$	
2	Books and Supplies					
3	Classroom Wages (a)					
4	Clinical Wages (b)					
5	In-House Trainer Wages (c)					
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS	\$	\$	\$	\$	
10	SUM OF line 9, col. 1 and 2 (e)	\$				

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 61,260	\$		\$ 61,260	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			18,786			18,786	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			127,636			127,636	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See pg 16A	# of prescripts				42,624		42,624	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See pg 16A		200,411		27,342	12,331		240,084	12
13	Other (specify):	See pg 16A				170,859	145,849		316,708	13
14	TOTAL			\$ 200,411		\$ 405,883	\$ 200,804		\$ 807,098	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending:

12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2003

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 337,243	\$ 337,243	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 124,835)	1,419,394	1,419,394	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments			5
6	Prepaid Insurance	5,744	5,744	6
7	Other Prepaid Expenses	2,648	5,926	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Medicare / Debes	114,085	114,085	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,880,226	\$ 1,883,504	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments		42,704	12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,604,967	14
15	Leasehold Improvements, at Historical Cost	134,974	134,974	15
16	Equipment, at Historical Cost	106,730	663,286	16
17	Accumulated Depreciation (book methods)	(49,673)	(821,001)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	1,637	1,637	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 193,668	\$ 4,195,772	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,073,894	\$ 6,079,276	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,035,747	\$ 1,035,747	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	110,941	110,941	28
29	Short-Term Notes Payable	796,330	796,330	29
30	Accrued Salaries Payable	233,280	233,280	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,247	22,247	31
32	Accrued Real Estate Taxes(Sch.IX-B)		101,422	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Misc Accruals	62,424	88,890	36
37	Due To owners & affiliates	2,546,276	2,602,701	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,807,245	\$ 4,991,558	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		4,643,611	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 4,643,611	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,807,245	\$ 9,635,169	46
47	TOTAL EQUITY (page 18, line 24)	\$ (2,733,351)	\$ (3,555,893)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,073,894	\$ 6,079,276	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,537,126)	1
2	Restatements (describe):		2
3	Adjustments made after 2002 cost report		3
4	was filed. These adjustments have no effect on reimbursable costs (bad debt exp. Medicare revenue).	(764)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,537,890)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,195,461)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,195,461)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,733,351)	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 4,835,284	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,835,284	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	289,239	6
7	Oxygen	129,775	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 419,014	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	805	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,908	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,887	19
20	Radiology and X-Ray		20
21	Other Medical Services	24,567	21
22	Laundry	372	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 34,539	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	40	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 40	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc other income (see 19A)	1,353	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,353	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,290,230	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,202,530	31
32	Health Care	2,450,855	32
33	General Administration	1,777,878	33
B. Capital Expense			
34	Ownership	416,826	34
C. Ancillary Expense			
35	Special Cost Centers	844,212	35
36	Provider Participation Fee	103,478	36
D. Other Expenses (specify):			
37	Related party salary allocations	(310,088)	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,485,691	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,195,461)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,195,461)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending:

12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,514	1,586	\$ 51,953	\$ 32.76	1
2	Assistant Director of Nursing	959	975	30,472	31.25	2
3	Registered Nurses	13,360	13,812	397,985	28.81	3
4	Licensed Practical Nurses	25,944	27,300	628,120	23.01	4
5	Nurse Aides & Orderlies	70,632	74,967	893,316	11.92	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,822	9,142	143,247	15.67	8
9	Activity Director	1,293	1,301	15,813	12.15	9
10	Activity Assistants	4,979	5,238	39,766	7.59	10
11	Social Service Workers	2,032	2,080	32,094	15.43	11
12	Dietician					12
13	Food Service Supervisor	2,921	3,061	48,677	15.90	13
14	Head Cook	320	320	4,700	14.69	14
15	Cook Helpers/Assistants	21,087	22,499	198,676	8.83	15
16	Dishwashers					16
17	Maintenance Workers	2,098	2,098	39,551	18.85	17
18	Housekeepers	21,281	22,469	201,445	8.97	18
19	Laundry	7,597	7,818	71,362	9.13	19
20	Administrator	2,160	2,360	73,376	31.09	20
21	Assistant Administrator	240	240	4,615	19.23	21
22	Other Administrative	3,805	4,148	86,645	20.89	22
23	Office Manager					23
24	Clerical	4,661	4,895	50,591	10.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,529	3,537	97,223	27.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Alzheimers staff</u>	6,195	6,425	62,181	9.68	33
34	TOTAL (lines 1 - 33)	205,429	216,271	\$ 3,171,808 *	\$ 14.67	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 6,600	1-3	35
36	Medical Director	monthly	3,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	6,432	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	69	3,720	11-3	44
45	Social Service Consultant	20	1,092	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	89	\$ 21,344		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Wright, J	Administrator		\$ 45,658	Workers' Compensation Insurance	\$ 68,523	IDPH License Fee	\$	
Correll Christopher	Asst. Administrator		4,615	Unemployment Compensation Insurance	62,449	Advertising: Employee Recruitment	682	
Legaspi, B	Administrator		27,718	FICA Taxes	235,789	Health Care Worker Background Check	406	
				Employee Health Insurance	33,259	(Indicate # of checks performed <u>58</u>)		
				Employee Meals	19,442			
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees, Dues & Subscriptions	523	
Executive / Management	Executive Mgmt		55,882	Union Health & Welfare	45,681	II Health Care Assoc.	7,131	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental, Pension, Life, Relations, Misc	23,950			
(List each licensed administrator separately.)			\$ 133,873	Drug Test & Employee Dishonesty	3,492			
B. Administrative - Other				401k Match, Vaccinations, Other	884	Related Party - AMS	401	
Description			Amount	Marketing Employ. Benefits Deduction	(1,500)	Less: Public Relations Expense	()	
			\$	Related Party - Forum	768	Non-allowable advertising	()	
				Related Party - AMS	42,215	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col. 8)		TOTAL (agree to Sch. V, line 20, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	\$ 534,953		\$ 9,143		
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type	Amount				\$		
AMS	Management Fees	\$ 379,672					Out-of-State Travel	\$
BDO Seidman	Accounting Fees	2,750						
Ken Fisch/Greenberg/Aaby/other	Legal Fees	15,183					In-State Travel	
Williams & McCarthy	Consulting Services	4,190					Gas / Repairs / Misc / Insurance	747
Talx	Unemployment Consulting	170					overnight lodging/meals for out of area staff	19,962
Jennings Law / Dana Cons.	401k services	267					Related Party - AMS	8,889
Medi.Com	Billing Consultants	370					Seminar Expense	
Monster.com & other	Recruiting & Misc	486					LSN-Life Service Networ	375
National City	Renew loan	1,451					C.C.P. Sanitation - Course / Misc	416
							MDS SEMINAR	120
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 404,539				TOTAL \$ 30,509	

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Alden Design	10/00	\$ 1,669	3	\$ 139	\$ 556	\$ 556	\$ 418	\$	\$	\$	\$	\$
2	Rockford stemm B	5/01	1,735	3		385	578	578	194				
3	Alden Bennet Const	2/01	7,975	3		2,436	2,658	2,658	223				
4	no 2002 additions												
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 11,379		\$ 139	\$ 3,377	\$ 3,792	\$ 3,654	\$ 417	\$	\$	\$	\$

Facility Name & ID Number Alden Park Strathmoor

STATE OF ILLINOIS

0044909

Report Period Beginning:

1/1/2003

Ending:

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12/31/2003

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Healthcare Assoc. \$10,206
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 10,406 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 103,478
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 19,442 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. Not Required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Park Strathmoor # 004-4909
 Reporting Period Beginning 1/01/03
 Reporting Period Ending 12/31/03

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Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(19,442)	Employee Meal
	22	19,442	Employee Meal
22		(4,183)	Uniforms
	10	3,080	Uniforms
	6	89	Uniforms
	4	90	Uniforms
	1	502	Uniforms
	3	89	Uniforms
	11	136	Uniforms
	21	197	Uniforms
19			R/E Tax Appeal
	33		R/E Tax Appeal
		<hr/> 0	Net should be 0